

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022354
STATE FILE NUMBER

FILED JUN 30 1958

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Warrensburg</u>			c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION <u>Medical Center</u>			Length of stay in lb <u>10 Min</u>		d. STREET ADDRESS <u>3008 5032 Glenside</u>
3. NAME OF DECEASED (Type or print) First <u>Larrie</u> Middle <u>Fredrick</u> Last <u>Chambers</u>			4. DATE OF DEATH <u>June 28, 1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 20, 1946</u>		9. AGE (In years) last Birthday <u>11</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Never Worked</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and state or country) <u>Kansas City, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>Harold M. Chambers</u>		
13b. MOTHER'S MAIDEN NAME <u>Bebe C. Henning</u>			14. NAME OF HUSBAND OR WIFE <u>None</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>5032 Glenside</u> <u>H.M. Chambers, Kansas City, Missouri</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Basilar fracture of skull, fracture of left femur, multiple abrasions</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 Hour</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>9108</u> DUE TO (c) <u>46</u>					
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Creebank caved in and debris covered the largest</u>		
20c. TIME OF INJURY <u>4:00</u> Hour <u>2:05</u> Month, Day, Year <u>6/28/58</u> p.m.			part of the body causing the injuries		
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input checked="" type="checkbox"/> WORK AT WORK			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Creebank</u>		
20f. CITY, TOWN, OR LOCATION <u>Warrensburg</u>			COUNTY <u>051</u> STATE <u>Missouri</u>		
21. I attended the deceased from <u>June 28, 1958</u> to <u>June 28, 1958</u> and last saw <u>her</u> alive on <u>June 28, 1958</u> Death occurred at <u>5:00 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>[Signature]</u> (Degree or title)			22b. ADDRESS <u>Warrensburg, Missouri</u>		22c. DATE SIGNED <u>6/28/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>6/28/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Kansas City, Missouri</u>		(State)
24. FUNERAL DIRECTOR <u>Sweeney-Phillips, Warrensburg, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>June 29, 1958</u>		26. REGISTRAR'S SIGNATURE <u>Savannah Crutchfield</u>

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 4963

P. O. Address Warrensburg, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.